

109/612545

# CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
TOTAL CLAIMS:	
FOI:	
TOTAL CHARGEABLE CLAIMS:	
INDEPENDENT CLAIMS:	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>	

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY ☐

RATE	FEE
BASIC FEE	3.50
\$10	
\$2	
\$10	
TOTAL	

RATE	FEE
BASIC FEE	770.00
\$10	
\$2	
\$10	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## CLAIMS AS AMENDED - PART II

2/17/06

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	10	20
Independent	2	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OTHER THAN SMALL ENTITY ☐

RATE	ADDITIONAL FEE
X\$9=	
X\$12=	
\$140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$10=	
X\$6=	
\$280=	
TOTAL	

2/17/06

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	12	20
Independent	2	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE
X\$9=	
X\$12=	
\$140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$10=	
X\$6=	
\$280=	
TOTAL	

8/19/06

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	3	20
Independent	2	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

RATE	ADDITIONAL FEE
X\$9=	
X\$12=	
\$140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$10=	
X\$6=	
\$280=	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY